

Holly Bertone:

Welcome to the Mystery Symptom Summit. Solving the root cause of your chronic illness. We are honored to have you join us. We have a few important items to share with you before we begin. First, all of our speakers have generously offered free gifts for you. Be sure to click on the link on the speaker page for their specific gift, and also visit pinkfortitude.com/mysterysymptomsummitresources for all of our speakers' gifts, books, and even more resources you want to check out.

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It is with great pleasure that I want to introduce our next speaker on the Mystery Symptom Summit. Let's welcome Dr. Roger Murphree. Dr. Roger Murphree is a board certified chiropractic physician and nutritional specialist who has written five books for his patients and doctors, including *Treating and Beating Fibromyalgia and Chronic Fatigue Syndrome*, *Heart Disease: What Your Doctor Won't Tell You*, and *Treating and Beating Anxiety and Depression*. Using the Murphree Method, he helps his patients find and fix the underlying causes of their fibromyalgia symptoms, get healthy, and feel good again. He is the founder and past clinic director for a large integrated medical practice, located on the campus of Brookwood Hospital in Birmingham, Alabama. Dr. Murphree is a frequent guest on local and national radio and television programs, including NBC, FOX, and ABC. He has written for several professional and public health related publications. His articles have appeared in the *Washington Post*, as well as peer reviewed professional journals, including *Townsend Letter for Doctors and Patients*, *Chiropractic Economics*, *Alternative Fibromyalgia News Magazine*, *American Chiropractor*, and *Nutranews*.

We'll be discussing fibromyalgia and mystery pain. In this interview you will learn what is fibromyalgia, what causes mystery pain, what do pain and chronic fatigue have in common, and what are the steps to healing fibro? Dr. Roger Murphree, welcome to the Mystery Symptom Summit. I am thrilled to have you here with us today.

Dr. Murphree: Well, Holly, I'm delighted to be here. I can't wait to share my favorite subject, talking about fibromyalgia, and more importantly how to overcome it.

Holly Bertone: And absolutely, and I know this topic is near and dear to my heart, and I know a lot of people who are listening, and we're gonna really, you know I'm looking forward to digging into just what it's about, and you know debunking maybe some of the myths, and then also talk about healing, so thank you. So, real quick, you know just kind of what's your journey? What has your journey been like and why are you practicing, and what got you to this place today?

Dr. Murphree: Well, so I'm a Board certified Chiropractic Physician as you heard, and a Board Certified Nutritional Specialist. And Holly, I was content for a number of years just to do hands on chiropractic. I worked, I had a very large practice, working on people with low back pain, headaches, carpal tunnel, that kind of thing. But, I had a patient that was referred to me years ago that had fibromyalgia and I was also doing some nutritional counseling. I'd always been interested in nutrition and biochemistry. And I started working with her, and in three months I got her well, just changing her diet. She had some yeast overgrowth. I helped her with her sleep, and now this was 20 years ago, okay?

So, I was very naïve and I thought well, if this is all there is to fibromyalgia, you know bring them on. And I quickly was humbled, because I realized I really didn't know anything about fibromyalgia, and what kind of complicated it was for a number of years, I had done research work for the University of Alabama at Birmingham, a pretty prestigious hospital here and teaching university here in Birmingham, Alabama. And so, my colleagues there, they didn't know anything about fibromyalgia and they heard I'd had some success. They started sending all these fibromyalgia patients to me and, you know I could either sink or tread water until I figured it out.

Fortunately, it put me on a path, eventually I figured it out, and so for the last 20 years, all I've done is specialize in fibromyalgia.

Holly Bertone: That's wow, that's ... and to humble yourself like that, is that's just a true testament to your character as well. So, and I know personally, I suffered. You know, fibromyalgia was the second of my two. Chronic fatigue obviously the first of the big symptoms. And I think a lot, the two go hand in hand. Because you have the pain and then you can't sleep, and then a lot of other different issues, so I'm excited to kind of dig into this. So, let's start with, what exactly is fibromyalgia?

Dr. Murphree: So, you know fibromyalgia is oftentimes, a lot of times it's a wastepaper basket diagnosis. They say, you finally get the diagnosis because they've ruled out every other illness that's out there. So, a lot of times, these people are suffering from a mystery illness because no one really knows what they've got. But fibromyalgia is a syndrome. It's characterized by a group of symptoms that people have in common, and we call it fibromyalgia. So, diffuse, achy,

sometimes disabling pain, low energy, poor sleep, restless leg syndrome, irritable bowel, low moods, anxiety, these are some of the common symptoms or conditions that we see that come underneath this umbrella that we call fibromyalgia.

Holly Bertone: And then, so what exactly causes it?

Dr. Murphree: Well that's a great question. So there's a lot of debate about that. And you know, I welcome that debate, but for the last 20 years, what has made the most sense to me is that stress is the catalyst for a lot of disease processes. Most doctors, myself included would say that stress is the catalyst for probably 95% of all the diseases out there. And that's so true for fibromyalgia. We had this innate inborn healing mechanism that we're born with, that we don't have to think about taking 12 breaths per minute. We don't have to think about pumping blood through 60 miles of arteries and veins. We don't have to think about having a new stomach lining every three days. We don't have to think about these things. So, we have this innate healing ability.

So we have a system of checks and balances that runs the body. And one of those is called the hypothalamus gland. And the hypothalamus is kind of our computer system that really controls our other systems, whether that's the sleep/wake cycle, or how our pain threshold is. Do we have a high pain threshold, low pain threshold? It controls our digestion. It controls our immune system. It controls our neuro transmitters, you know the way our brain thinks. So our hypothalamus is always trying to regulate these different systems in the body. But with fibromyalgia, something comes along, either it's long term stress, it could be years of stress in a stressful marriage or a stressful job. It could be years of getting run down with some kind of illness, or it's an acute stressor. A hysterectomy, an automobile accident, the death of a loved one, the death of a special needs child, or something that comes along that the straw that breaks the camel's back. And when that happens, these folks with fibromyalgia, they just crash. They cannot self regulate themselves any longer, so they start to develop-

Holly Bertone: I'm sorry to interrupt. Would chemotherapy be another one of those stressors? Acute?

Dr. Murphree: Oh yeah, sure. Any kind of stressor can bring this on til where the body is, gets under so much stress, it just crashes.

Holly Bertone: And then, so when you go to the doctor, I've heard so many times that a woman will get a diagnosis of fibromyalgia, but it's oftentimes paired with, "Oh, you're just depressed," or, you know, "Here's an anti-anxiety medicine." Why do doctors not go deeper into that diagnosis? I mean, why do you think anyway.

Dr. Murphree: I think unfortunately, right now fibromyalgia, there's a lot of doctors who don't believe it exists, still today. Those that do, really don't know what to do with it.

And those that acknowledge it, you know the only treatment they know to do is to tell people to learn to live with it and put them on prescription medications. But unfortunately you're so right, Holly. A lot of times people will go and they've got a laundry list of all these different symptoms and they sit down with the doctor and the doctor, he or she is looking at this patient thinking, "Well, they look okay and all their tests are normal, maybe they're a hypochondriac or maybe they're just lazy, or maybe they're just crazy. Maybe they are just depressed and we need to put them on an antidepressant."

You know, the problem with that is, number one, it's a disservice to this person, because no one would wanna fake having pain where oftentimes you lose your job, you lose your marriage, you lose your social life. I mean, nobody's faking that. This is a real illness.

Holly Bertone: And then, what can, just to kind of piggyback on that, and we have some individuals on the summit who spend their entire interview talking about the patient experience, but one of the kind of common threads is, to really help people advocate for themselves. Someone finds themselves in that situation, what are some questions that they can ask their doctor, or what are some steps that they can take to educate themselves to really take those next steps towards the path of healing?

Dr. Murphree: Well, the first thing you gotta realize is you can't drug your way out of fibromyalgia. There's just too many symptoms. So, you know in conventional medicine, it's really where they're at right now, is it gonna tell you if you get the diagnosis of fibromyalgia, that you just learn to live with it? And they tell you that, Holly, because what they've learned is that prescription medications are a dead end. They know that, so all they know to do is tell you, we're gonna treat your symptoms with sleep medications, antidepressants, maybe pain medication, but really you're gonna have to learn to live with it. And when you hear that, you need to be very persistent about finding another doctor. Because if your doctor, he or she is telling you that, don't settle for that.

Really, I think the only option for those with fibromyalgia is, you gotta get healthy. And that sounds so simplistic when you hear that, if you got fibromyalgia, someone tells you that. You kind of roll your eyes and you think, "Well, I've changed my diet. I've tried to do this, I've tried to do that. And I don't feel any better." So, getting healthy means different things to different people, and fibromyalgia really is just a name, Holly. It's just a name given to a group of symptoms that people have in common. So, again, it's a syndrome.

But fibromyalgia doesn't cause anything. Fibromyalgia doesn't cause pain. Fibromyalgia doesn't cause low energy. Fibromyalgia doesn't cause poor sleep. And so really the goal has got to be to find a doctor who will work with you to find the underlying causes of the symptoms. That's really the key.

Holly Bertone: That's, thank you so much for clarifying that, and I wanna talk to you about kind of the ways to get healthy in a minute, but first, you know we talked about pain and also fatigue. How are the two interrelated?

Dr. Murphree: Yeah, good question. So, a lot of times my fibromyalgia patients will tell me, "You know, Dr. Murphree, I can handle the pain. I mean, the pain's no fun. The pain is bad, but the fatigue. Oh my gosh, I can barely get out of bed and the days that I do get out of bed, if I do anything after ..." some patients, that means they gotta choose. Their energy's so low they gotta choose, is this gonna be a day where they actually take a shower? A lot of them do not. They become hermits. They hibernate in their homes or their bedroom, because they just have no extra energy. And low energy's definitely a part of fibromyalgia, but you could also have chronic fatigue syndrome. So that you mentioned earlier, they're very similar. They are very similar. The same coin. They are different sides of the coin.

And I like to use the analogy, if you look at fibromyalgia, it's on one end of a clothesline, and chronic fatigue syndrome is on the other end. And you can be anywhere on the clothesline. But with fibromyalgia, you have diffuse, achy, sometimes disabling pain, low energy, poor sleep, low moods. You look at chronic fatigue syndrome, you can have all that. But with chronic fatigue syndrome, the thing that kind of sets it apart, there's two things. One is, with chronic fatigue syndrome, obviously a number one complaint is low energy. But these people, unlike fibromyalgia, they may not have any trouble with their sleep. In fact, they just may sleep all the time. But fibro, anybody with fibro, they're gonna have trouble with their sleep, and we'll talk more about that and why that is, but with chronic fatigue syndrome, that may not be the case.

And another thing that sets the two apart is, with chronic fatigue syndrome, they're gonna have something wrong with their immune system. So they may have chronic sinus infections, upper respiratory infections, they get colds and flues all the time. Maybe they get swollen lymph glands, random sore throats. Again, you can be anywhere on the clothesline. You can have a lot of the common things, but if you're a true chronic fatigue syndrome patient, you're immune system is shot.

Holly Bertone: So, let's dig into that a little bit more in terms of the pain and the sleep, and the correlation there.

Dr. Murphree: So yeah, so with fibro, obviously the number one complaint is the pain. And the pain is brought on by a low pain threshold. Now, 99.9% of the people I work with around the world, my practice is world wide, they're females. And I think part of that is because females for the most part, have a high pain threshold. So, it doesn't mean because you've got fibro because your pain thresholds low at this point, that you're a wimp. You're not. It's just something's come along, these stressors have come along and they have made your pain threshold go

down. And because of that, pain is magnified. You have a thing called central sensitivity syndrome, or allodynia, which means you got this low pain threshold.

Holly Bertone: Is that, and sorry to interrupt, but is that kind of the whole women giving birth, right? Because we can endure a little bit more pain than the men.

Dr. Murphree: Oh well, come on. Let's just be honest here. If men gave birth, we would be extinct, right? Because the word would get out, and we'd be like, "I'm not doing that." So, no, women are the toughest sex, there's no doubt about it, there's no doubt about it.

Holly Bertone: So sorry about that, go ahead.

Dr. Murphree: Yeah, so what happens though, and I use this analogy that we're all born with the stress coping savings account, okay? And in this stress coping savings account, we have certain chemicals that we need to handle stress, and the more stress that we're under, the more these chemicals we use up. So traffic jams, dealing with teenage children. But it could be long workweeks, or it could be a difficult marriage, or difficult day. Whatever it is. But all day long, you're using these stress coping chemicals to deal with stress. If you're not careful though, you can bankrupt your stress coping savings account after years of stress. And that's what happens to those with fibromyalgia. They show up every day and they have no stress coping chemicals to deal with stress, so stress is magnified. Changes in weather, going to the grocery store, little things that you and I, Holly, would take for granted. For them, these are big, big deals.

Holly Bertone: That's good to know, thank you. And then let's get into some of the healing protocols that you recommend to your patients.

Dr. Murphree: Yeah. So over the last 20 years, I've pioneered this thing called the Murphree Method. And the reason why I really kind of set this up as a process because, with fibromyalgia, it's such a difficult illness both to have and to treat. Like I said, most doctors don't know what to do with it, because they're treating symptoms, and you've got to treat the underlying causes. The first thing you've gotta do is you gotta get deep, restorative sleep. If you don't do that right, nothing is gonna work. So a lot of people, they may go to a functional medicine doctor like myself, or an integrated medical doctor, or an integrated practitioner. And that practitioner, if they're not really familiar with fibromyalgia, they're gonna try to treat the fibromyalgia patient like they done other people, and for those people they've had success.

So, they may put them on bioidentical hormone replacement therapy, or they may put them on tumeric, or they may put them on, you know whatever. But with fibro, the first thing you've got to do, you've gotta get deep, restorative sleep. Because, if you're not getting deep, restorative sleep on a consistent basis, you're gonna get all the symptoms that we see in fibromyalgia. Diffuse, achy muscle pain, low energy, mood disorders. You're gonna feel anxious. Its

probably gonna trigger IBS, irritable bowel syndrome. And the reason that is, is because you have more serotonin receptors in your intestinal tract than you do in your brain. And one of the things that happens when you get deep restorative sleep, that's where you're making deposits into your stress coping savings account, filling up your account with chemicals and hormones you need to be able to handle stress.

One of those is serotonin. And Holly, the higher your serotonin level, the higher your pain threshold so you have less pain. The higher your serotonin level, the happier you are, the less anxious you are, the more mentally alert you are, so it helps with fibro fog, and as I mentioned, you have more serotonin receptors in your intestinal tract than you do in your brain. That's why, when you get nervous, you get butterflies in your stomach. So by getting deep, restorative sleep, and making deposits of serotonin in to your stress coping savings account, now you're gonna see that you have less pain. You're gonna have, obviously if you're sleeping, you're gonna have more energy. Your IBS is gonna improve. Your fibro fog is gonna improve. You're gonna be less anxious and your moods are gonna be improved. So, deep restorative sleep is huge.

Holly Bertone: And how many, I mean obviously the quality of sleep is, I don't wanna say more important than the quantity, but how many hours of sleep do you recommend?

Dr. Murphree: You know, Holly, it's different for everybody, but I would say you really need to get a minimum of six, and those with fibromyalgia when they hear that, they're thinking, "Yeah, right." And so many people with fibro or anybody with sleep disorders, they're taking sleep medications, whether that's Ambien or Lunesta, Trazodone, Elavil, the Benzodiazepines, you know, Xanax, Ativan, Seroquel, Doxepin. The problem with those medications is that they can create the very side effects and symptoms that we see in fibromyalgia. So, if you look at Ambien, potential side effects of Ambien are diffuse, achy muscle pain, brain fog, poor memory, fatigue, weight gain, incoordination, balance issues. I mean, that sounds like fibro, right?

You know, so with the sleep medications, they can create these side effects that actually can be just as bad as the fibromyalgia if not worse, and we know that sleep medications increase your risk of death by all sources, whether that's cancer, heart attack, stroke, Alzheimer's, whatever it is, by 500%. So obviously, if you're taking sleep drugs, you wanna find a natural way. Now, don't stop any of your medication, don't do that. But I'm just sharing with you that, sleep medications are not the answer. In fact they're probably creating some of the symptoms that you're attributing to fibromyalgia.

Holly Bertone: Wow, I never knew that. That's really, that's really interesting. So, what are some other healing protocols that you have?

Dr. Murphree: So what you really wanna focus on is sleep, and no one has an antidepressant deficiency or a sleep drug deficiency. So a lot of people, they're put on an

antidepressant to help their serotonin level. Again, serotonin is super important. But there's natural ways to boost serotonin. Deep restorative sleep is one. And I like to use the raw ingredients that make serotonin. So, serotonin comes from an amino acid, tryptophan, which we should be getting in our diet, along with synergistic combination of B vitamins, magnesium, and vitamin C. That's where serotonin comes from. It doesn't come from Cymbalta or Celexa, or Paxil, or Prozac. It comes from the amino acids we should get in the protein foods we eat, combined with B vitamins, magnesium, and Vitamin C.

The challenge is that, unfortunately a lot of people are eating the SAD diet, you know, the Standard American Diet, so they're eating a lot of processed foods, they're eating probably unhealthy things. And genetically, just the way that God makes somebody, some people, they can't convert tryptophan, that amino acid, into 5-Hydroxytryptophan, the real power plant of making serotonin. And so they're at a disadvantage. So what I recommend is that my patients start out taking 5-Hydroxytryptophan, you can buy this over the counter anywhere. And you wanna take that with a high dose of vitamins and minerals, and that combination is gonna start to make serotonin. So that right there, if you'll just do that, you'll see oftentimes a big improvement in your pain, your moods, your sleep, your IBS, you know several of those symptoms will start to improve.

Holly Bertone: And then what are some of the foods that you recommend not just for the serotonin, but also overall health and wellness?

Dr. Murphree: Yeah, so it's, in my practice, in the Murphree Method, it's really first of all, it's based on deep, restorative sleep, then balancing the neurotransmitters. Making sure you get enough of the happy hormone, Serotonin, dopamine, norepinephrine, using high doses but the right doses, in combinations of vitamins, minerals, amino acids, essential fatty acids. Because these are the building blocks that make our chemicals. Food is important, no doubt about it. I mean, we're told over and over again, and we get a little jaded to this. You are what you eat, and that's so true. So diet is important.

I think just as important is not only what you eat, but what you're able to absorb, and I recommend eating around the supermarket, you know the outside aisle, so real food. Food that if you set it out on your windowsill, within a day or two it's going to start to spoil. You know, if you put a Twinkie out on your windowsill, you can go back there next year, and it's still gonna be there, right? Processed foods are not healthy, and we know that. We know that, and I think people are trying to do a good job of eating healthy, but I think sticking with foods that are real. And then a lot of patients with fibro, like just a lot of people in general and in western society, they're taking drugs because they have reflux or they have IBS, or they have malabsorption and they get bloating gas, they're constipated, and when you do that, when you're taking these prescription medications, you actually deplete your ability to absorb the nutrients in your food.

And that sets up a whole domino effect of leaky gut, you know where you create inflammation, you drive these inflammatory chemicals like kinins, bradykinins, interleukins, leukotrienes, and these create inflammation in the body. So step one in the Murphree Method is deep, restorative sleep. Step two is getting the right neurotransmitters, the brain chemicals. Because it's super important. Step three is looking at nutrition, including making sure that you're taking a digestive enzyme you can get anywhere over the counter. So when you take the digestive enzyme, you're ensuring that you're breaking down your food, and it's turning into the nutrients that you need. Then the last step of the Murphree process, Murphree Method, is fixing adrenal fatigue.

So, just like we bankrupted our stress coping savings account, we've also depleted our stress coping glands, the adrenal glands. So, that's why we can't, we don't have any stamina, any resiliency to stress. It really just takes it out of us.

Holly Bertone: And then, what do you, how do you recommend we restore our adrenals? What are some of the top tips you recommend?

Dr. Murphree: Yes, so adrenal fatigue. What is adrenal fatigue? So we have these glands called the adrenal glands. They're really small but they're super important, and they sit on top of each kidney. And their job is to release certain hormones to allow you to have stamina and resiliency to stress. So they're releasing cortisol, DHEA primarily. And when you get under stress, you go through these different phases of stress. So you have immediate stress, then you have chronic stress, and then you can get to where you have just total exhaustion. But in the immediate stress phase, you're releasing adrenaline. And you know, you hear these stories about people who come cross an accident, maybe a car accident, and some little 95 pound, little female, is able to lift a car off of somebody to get them out of trouble, right? And that's the adrenaline, this in that mode, you have all this energy, both mentally and physically.

It's almost like super human strength. And that's the flight or fight response. When you get under stress, you're either ready to run or ready to fight. That's short term. Long term is the chronic stress, and that's where cortisol is released. The hormone cortisol, and you can be under that phase for a while, but eventually you go into phase three where your stress coping glands, the adrenal glands tell you, "Forget it, you're on your own. We can't release any more of these stress coping hormones. There's none left to give." Once you get into that phase, then you really have to start to destress.

So number one, going back to it, as you gotta get deep, restorative sleep. Because if you're not getting that deep, restorative sleep on a consistent basis, it's just incredibly stressful and every day you wake up, you've depleted your stress coping chemicals. When that happens, stressors are more magnified. So again, little things that you and I wouldn't even think anything about. For those with fibro, who have depleted their stress coping chemicals in their stress

coping gland, the adrenal glands, the thought of even going into Walmart is just too overwhelming. And these, a lot of times, these were bikers, and lawyers, and doctors. Type A people who could multi task and do all this until they broke down and they got fibro. Once that happened, they found they just couldn't handle any stress whatsoever.

Holly Bertone: And then, what are some, do you recommend supplements other than sleep, and destress? Any other ways to really help bring your adrenals back into functioning properly?

Dr. Murphree: Yeah, so as I mentioned, I practice this thing called functional medicine, which is look, trying to find, and fix the underlying causes of fibromyalgia. And then using high doses but the right doses in combination of vitamins, minerals, amino acids, essential fatty acids, and diet to make the corrected changes. So, really the only way to fix adrenal fatigue, there's no drug. You can take Adderall, you can take these stimulant medications, Provigil. That's gonna eventually make the adrenals worse. Really the only way to fix adrenal fatigue is to destress. Deep, restorative sleep, doing meditating, praying, making time to have some stress free moments for yourself, and then I recommend taking a good multi vitamin with plenty of B5, pantothenic acid. That's the stress mineral, I'm sorry, the stress vitamin. You need to be taking about 500 milligrams of that.

The only thing I use in my practice, I use adrenal cortex supplements. So adrenal cortex supplements have cortisol in them. They come from grass fed bovine sources of cattle from New Zealand, and up until 1950s, people were using these what they called Ace, A-C-E. And then in the 1950s, we had synthetic cortisol come on the board. Hydrocortisol, Prednisol, which are prescription medications. The problem with using the prescription medications is because they can become addicted to them. You get to where you have to stay on them. By using the natural adrenal cortex glandular supplements, patients can get on these and high doses of the right vitamins, they can repair their adrenals over a period of three, six, sometimes even it may take a year. But eventually they can get off of these over the counter supplements.

Holly Bertone: And then, sorry, another follow up question that I had was about caffeine. I actually have two follow up questions so, do you, because I know caffeine has, in terms of like coffee or chocolate, I mean good chocolate not milk chocolate, but you know real chocolate. You know, caffeine has in even green tea some healing properties, but then also can be damaging, too. So what's your take on caffeine?

Dr. Murphree: Well, so I love a good cappuccino every morning. I love coffee. I think coffee is very healthy. It's a real potent antioxidant for most people. Green tea is certainly a potent antioxidant, very healthy. And I think it's okay. A little goes a long way with adrenal fatigue. People crave caffeine, they crave sugar, they crave these things, so you gotta be careful because it can make it worse. The thing about fibromyalgia though is, you know for myself and probably yourself

because we're in such good health, we can do things and get away with it, that someone with fibromyalgia probably cannot. Including having a glass or two of red wine. Including having coffee in the afternoon. You know the thing about the caffeine that really is most disturbing for me or sets off bells about warnings is that if you're using caffeine in the afternoon, it can interfere with your sleep. And again, I've already shared with you the important role sleep is with fibromyalgia.

So, patients when they start working with me, either in a group coaching program or a one on one program, they do an elimination diet for a month, and one of the things that they eliminate or drastically reduce are caffeine. They reduce sugar, they come off all wheat, off all gluten, off soy products, off nightshades, off dairy. This is not to torture anybody, but it's because over 20 years of doing this, I know that my patients with fibro, they're gonna have some type of food allergy or food intolerance. And I'll do the testing too, but a lot of times I'll just put them on an elimination diet so they can see by coming off these foods for a month and then adding them back one at a time, how these foods are negatively impacting them when they reintroduce them.

Holly Bertone: That's, you know that's really interesting, too, that you kind of talk about just the health benefits but then, some of these foods might be having some negative, I mean even healthy foods having something negative impact if you have some food allergies or food sensitivities. And the other controversial question that I wanted to ask you about is exercise, because obviously we always hear that exercise is good for us, but if you have fibro, if you're dealing with pain and/or fatigue, exercise can be hard. So what are your thoughts on what kind of exercise, should you even do it, and kind of where to go from there?

Dr. Murphree: So I think a lot of times people with fibromyalgia, they feel guilty. They feel guilty because a lot of times they've lost their job, they've lost, sometimes they've lost their marriage. They usually lose their friends because their friends don't understand that they can't ... they don't know if this is gonna be a good day or a bad day, so they quit making plans, you know. And the thing about exercise, they feel guilty about that because they can't be active, and yet they've got doctors telling them, you just need to exercise. So, the problem with that is, is they have bankrupted their stress coping savings account, so they can't handle any stress. Exercise is, you know it's healthy, but it's a stress. It's a good stress, right? So eventually once my patients start feeling better through my protocols, then and only then will I get them to slowly start to exercise. And that could be, Holly, that could be walking five minutes a day which people hear that and think, "Oh. That's ridiculous."

But when you get so run down with fibromyalgia, and you've been on the medical merry-go-round where you've been to doctor after doctor, after doctor, and he or she has put you on another drug, and you're on half a dozen to a dozen drugs. You know, a drug to slow you down, a drug to speed you up. A

drug to put you to sleep, a drug to wake you up. You forget exercise, I meant that's not something that's gonna happen until you do a lot of other things first, until they can really feel better. Feel stronger mentally and physically, and then only then, would I recommend they start to exercise.

Holly Bertone: And when you say start, you said about walking. What about things like yoga, or stretching, things like that?

Dr. Murphree: Oh, yoga's great. Pilates, you know those are really, those stretching exercises are fantastic. Water exercises, getting in the water. Getting in a pool, a warm pool and exercising, I think those are fantastic. I discourage high impact workouts, because you just, until you build up to it, you can't tolerate it. And it's the same thing with patients who will ask, or doctors who will tell patients, you know go get a massage, go get PT, go get chiropractic. But they can't handle it. They can't handle that pressure. I mean, some patients with fibro, they can't even put on a tight blouse, it's too much. Can't shake their hand or hug them, or you know any of those things.

So I tell patients, when you hear a doctor that tells you, "Oh you just need to get more sleep, you just need to exercise," or "You're just depressed," or "Need to lose weight," or whatever it is, you need to find another doctor, because they don't understand what the heck's going on.

Holly Bertone: So, but Dr. Murphree, you've given us so much information and I wanna make sure, was there anything that you didn't have a chance to share that you really wanted to, or anything that we missed that you wanna add?

Dr. Murphree: Yeah, Holly, thanks. I would just say, there's so much doom and gloom in the fibromyalgia community. I've been doing this as I said, for almost two decades. And in the beginning, we didn't understand fibromyalgia, and in a lot of ways we still don't. And then we had this idea when Lyrica came out and then Cymbalta and Savella, some of these medications that were, really didn't work on any other illnesses, so we said, "Okay, let's give them to the fibromyalgia community, because we don't got anything." So physicians really thought, "Okay, we're gonna be able to put them on these medications that are FDA approved for fibromyalgia and we're gonna be able to get rid of fibromyalgia. We're gonna be able to help them."

Well, doctors did that for a number of years, and they saw it didn't work. So now, we're at the point for the last five or six years, they've been telling people, "You just have to learn to live with it." In closing what I want to share with you is, don't give up hope, you don't have to learn to live with fibromyalgia. Learning to live in pain and fatigue, and having brain fog where you can't remember what you're saying in that sentence, that's existing. Being on a half a dozen to a dozen drugs, that's not living. That's existing. And don't buy into that. I encourage you to reach out to, whether that's my website, or other doctors who are practicing like I am, who are having success, have a track record. Learn what they're doing,

seek them out. And doctors that are telling you that you have to learn to live with it? No, you just need to fire them.

Holly Bertone: Yeah, that's really good information to know, and one final question before we wrap up, I'm gonna put you on the spot here. But what is your daily non-negotiable? What's the one thing you do every day for optimal health and wellness?

Dr. Murphree: So one thing I do every day is my hour of power. So what's my hour of power? My hour of power is to meditate and pray. Read something that's uplifting, and then to exercise. So that can be broken down. Sometimes I will do mindful prayer when I'm running, or maybe I'll do mindful meditation when I'm running. But I don't compromise. I have an hour of power every day. That's what keeps me charged and allows me to work with some pretty challenging patients, you know. Working with them and so with my patients, I encourage them, maybe it's not an hour of power. Maybe it's a quarter of an hour of power, where you're praying or meditating. Stretching or reading something positive, and then eventually maybe it's your working into five minutes of exercise a day. Maybe that eventually goes to half an hour, three quarters of an hour. Maybe get all the way up to an hour.

Holly Bertone: That is so great and so uplifting that, yeah that's part of your daily practice. And so Dr. Roger Murphree, I wanna make sure that everyone can find you and your book, so first of all let's talk about your book and we'll have a link on our resources page, but it's Testing and Beating Fibromyalgia and Chronic Fatigue, right?

Dr. Murphree: Oh it's a mouthful, it's now in its fifth edition, sixth edition will be coming out but, its Treating and Beating Fibromyalgia and Chronic Fatigue Syndrome. So, looks like this. But Treating and Beating Fibromyalgia and Chronic Fatigue Syndrome, and then they can find out more about me and there's a ton of free resources, free videos, downloads, all sorts of things at my website, yourfibrodoctor.com. Yourfibrodoctor.com.

Holly Bertone: And doctor is D-O-C-T-O-R.

Dr. Murphree: So your fibro doctor is spelled out, it sure is.

Holly Bertone: Okay, that's awesome, and including the eBook on the eBook, right?

Dr. Murphree: Yeah.

Holly Bertone: That's awesome. Thank you so much. So I wanna make sure, the link will be on your speaker page, and we'll also have the links to everything on our resource page as well. So I wanna make sure everyone visits your website and purchases your book as well, so.

Dr. Murphree: Great.

Holly Bertone: Yeah, so Dr. Roger Murphree, thank you again for being a part of the Mystery Symptom Summit. It has been such an honor to have you here, and just to all of your wealth of knowledge and wisdom, thank you so much.

Dr. Murphree: Thanks, I've really enjoyed being here, and I really appreciate you hosting this summit. I think it's so needed, so needed.

Holly Bertone: Thank you so much for joining the Mystery Symptom Summit. And before you go, be sure to click on the link on the speaker page for their specific gift, and also visit pinkfortitude.com/mysterysymptomsummitresources for all of our speaker gifts, books, and even more resources you will wanna check out.

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